Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

	E FILING				
AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39211-1700	
EMAIL Ingrid.williams@msdh.ms.gov	SUBMIT DATE 11/10/15	Name or number of rule(s): MISSISSIPPI POISON CONTROL	CENTER ACCREDITATION	STANDARDS	
Short explanation of rule/amendment/repeal and Per the federal law, the Public Health Service Act professional organization in the field of poison of reasonably provide for the protection of the public standards for accreditation that reasonably provide must of the University of MS Medical Center body for the MPCC. The attached are the standards Specific legal authority authorizing the promulgation of the MPCC.	t, in order to receive the control, and the Secretar slic health in regard to pride for the public health has requested the Missards by which the MPPC stion of rule: Miss. Co	e federal grant, as outlined in the Act, ry has approved the organization as ha loisoning; or the center has been accre h with respect to poisonings. The Missi issippi State Department of Health dev C must comply in order to be accredite accede Ann. §41-3-15	ving in effect standards for a dited by the state governme ssippi Poison Control Center velop standards and become	ccreditation that nt as having in effect (MPPC), located on the	
ORAL PROCEEDING:	y the proposed rule: N	ew Chapter: Chapter 5			
An oral proceeding is scheduled for this rule Presently, an oral proceeding is not schedule If an oral proceeding is not scheduled, an oral present (10) or more persons. The written request s notice of proposed rule adoption and should incagent or attorney, the name, address, email add comment period, written submissions including ECONOMIC IMPACT STATEMENT:	d on this rule. oceeding must be held hould be submitted to t lude the name, address ress, and telephone nul arguments, data, and vi	the agency contact person at the above, , email address, and telephone numbe mber of the party or parties you repres iews on the proposed rule/amendmen	ding is submitted by a political address within twenty (20) or of the person(s) making the sent. At any time within the styrepeal may be submitted to	days after the filing of this e request; and, if you are an twenty-five (25) day public	
Economic impact statement not required for	this rule.	oncise summary of economic impact s	tatement attached,		
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propos New rule(s) Amend Repeal Adopti Proposed fina 30 days after f	lment to existing rule(s) of existing rule(s) on by reference I effective date:	FINAL ACTION ON RULES Date Proposed Rule Filed: 10/6/2015 Action taken: X_ Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: _X_ 30 days after filing Other (specify		
Printed name and Title of person authorized to f Signature of person authorized to file rules:	ile rules:	Mitchell Adcock, Chief Administrative	Officer		
OFFICIAL FILING STAMP	DO N	OT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP NOV 1 0 2015 IVIISSISSIPPI SECRETARY OF STATE Accepted for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached,